

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35476

State File No.

FILED NOV 12 1952

BIRTH NO.		REG. DIST. NO. <u>435</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>High Ridge Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>High Ridge (Plummer Township)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Plummer Township</u>				d. STREET ADDRESS (If rural, give location) <u>Carlton Drive 1500</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Will</u>		b. (Middle) <u>—</u>		c. (Last) <u>VOIGT</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>11</u>		(Year) <u>1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>June 20-1888</u>		9. AGE (In years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lehman Mch. Tool Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>August Voigt</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Voigt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-22-2988</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl W. Commack</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 11th, 1952</u> , to <u>Oct 11th, 1952</u> , that I last saw the deceased alive on <u>—</u> , 19 <u>—</u> , and that death occurred at <u>—</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Edwards M.D.</u>				23b. ADDRESS <u>Edgar Hill Mo</u>		23c. DATE SIGNED <u>10/13/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/14/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-20-52</u>		REGISTRAR'S SIGNATURE <u>Ruth Girsch</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>—</u>		ADDRESS <u>House Spring Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED NOV 6 1952

NOV 14 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

M. W. Rueter

Signed.....
Student Embalmer

Licensed Embalmer No. *4865*

P. O. Address *St Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.